

DEPARTMENT OF POLICE
TOWN OF BARRINGTON

ALARM INFORMATION SHEET

DATE: _____

Business Name: _____

Street: _____

Mailing Address: (if different) _____

Telephone: _____ Ext# _____

Owner of Business: _____ Date of Birth _____

Residence: _____

Telephone: _____ Ext# _____

Alarm Company Installing Equipment:

Name: _____

Address: _____

Telephone: _____

Alarm Company Maintaining Equipment:

Name: _____

Address: _____

Telephone: _____

Persons to be Contacted in Case of Emergency:

Name: _____ Name: _____ Name: _____

Date of Birth _____ Date of Birth _____ Date of Birth _____

Address: _____ Address: _____ Address: _____

Telephone: _____ Telephone: _____ Telephone: _____

Type of Alarm System: (check all applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Robbery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Perimeter | <input type="checkbox"/> Contacts | <input type="checkbox"/> Mats |
| <input type="checkbox"/> Ultrasonic | <input type="checkbox"/> Microwave | <input type="checkbox"/> Passive Infrared |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Photoelectric | |

Alarm Termination Point: (check all applicable)

- | | |
|---|--|
| <input type="checkbox"/> Direct Connect to Strafford Dispatch | <input type="checkbox"/> Local Audible |
| <input type="checkbox"/> Central Station | |

Name of Central Station _____

Please provide detailed directions to the alarm site beginning at a state road.